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JUL 23 2007

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23535 7590 04/19/2007

MEDLEN & CARROLL, LLP
101 HOWARD STREET
SUITE 350
SAN FRANCISCO, CA 94105

07/24/2007 SFELEKE2 00000021 10627499

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP

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|-----------------|-------------|---------|----------------------|---------------------|------------------|
| APPLICATION NO. | FILING DATE | 6/00 OP | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|---------|----------------------|---------------------|------------------|

10/627,499 07/25/2003 John A. Kink OPHD-08311 3266

TITLE OF INVENTION: ANTIBODIES TO CYTOKINES IN THE PREVENTION AND TREATMENT OF INFLAMMATORY BOWEL DISEASE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 07/19/2007 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | |
| XIE, XIAOZHEN | | 1646 | 424-130100 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Medlen & Carroll, LLP

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PROMEGA CORPORATION

MADISON, WISCONSIN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature JR - B2

Date 7/19/2007

Typed or printed name JASON R. BOND

Registration No. 45,439

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